WHO'S AT MY DOOR PROJECT

HOW ORGANIZATIONS FIND AND ASSIST SOCIALLY ISOLATED OLDER ADULTS

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Centre on Aging | University of Manitoba

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Abstract

Research supports widespread concern that loneliness and social isolation are important issues affecting the health and well-being of older community members. In trying to address isolation and loneliness, a problem is that isolated adults are inherently hard to find and reach. Indeed, based on preliminary talks with helping agencies in Winnipeg, identifying isolated adults in the community is an on-going challenge. A question becomes: how can we reach those isolated adults who may need and want help?

Certain organizations may have personnel or volunteers who may be in a unique position to encounter extremely isolated or lonely community-dwelling adults. The "Who's At My Door" research project focused on these organizations who are "at the door." Specifically, the aims of the project were to address the following questions:

1. Which groups/organizations may be in a unique position to encounter extremely socially isolated/lonely individuals in their own homes as part of their work (i.e., "who's at the door")?
2. Do these groups recognize that they are in such a position?
3. And, if yes, are there current protocols being used to identify and/or assist isolated older adults?
4. Lastly, are there challenges or gaps in addressing social isolation or other related concerns?

A January 2015 meeting brought together stakeholders to gain input and perspectives on the research questions and to further assess how this type of information gathering and sharing could be of interest and value at this time. Over February to early April 2015 interviews were completed with representatives from four organizations: Winnipeg Housing, Winnipeg Meals on Wheels, Winnipeg Fire Paramedic Services, and Winnipeg Police. An important discovery from these interviews was that, although these organization have different mandates, to a great extent each of these organizations are responding to the social needs of the populations they work with—and in innovative ways. This document shares what came out of the four interviews and includes a summary of common themes, challenges, and recommendations for next steps.

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- Meals on Wheels
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- Winnipeg Fire Paramedic Service
- Stakeholder's Group

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INTRODUCTION

The Who's at MY Door Project emerged from informal discussions with members of Winnipeg helping agencies and the health care sector surrounding the issue of isolation and loneliness in older adults in Winnipeg. A major reoccurring theme was: **How do we find the isolated?** This project focuses on those organizations who have personnel or volunteers who are "at the door" and go into people's homes in the course of their work. These organizations are in a unique position to encounter isolated older adults in their own homes.

The Who's at MY Door project is intended to be a starting point for further inquiry into the ways in which we can reach and assist isolated adults in our community. The present document summarizes interviews with four organizations: Winnipeg Housing, Winnipeg Meals on Wheels, Winnipeg Fire Paramedic Services, and Winnipeg Police.

Why focus on isolation? What do these four organizations have to do with loneliness and isolation? To address these questions, this document begins with discussions about:

- Why isolation and loneliness: Importance of addressing social factors
- Complexities of measuring and defining social aspects of our lives
- Individual- and Community-level approaches to the issue
- Who's At MY Door project: Finding the Isolated

Why isolation and loneliness?

The importance of addressing loneliness and isolation is underscored by research showing how social factors relate to older adults' health and well-being. Indeed, researchers are learning more and more about how important our social relationships are to our well-being and our physical and mental health…at all ages. John Cacioppo, an expert in the field of loneliness, put it this way:

> ***"Social connection is to humans what water is to fish: you don't notice it until it's missing and then you realize it's really important" (Globe and Mail, 2010).***

Just like with the fish out of water metaphor, perhaps we learn best how important our social relationships are by studying the isolated and the lonely. For example, extensive research out of Dr. Cacioppo's lab has shown loneliness to impact our health through, for example, effects on the immune system and restorative processes such as sleep (Cacioppo et al., 2002; Hawkley & Cacioppo, 2003). Studies on older Manitobans have shown that loneliness relates to lower physical activity, poorer health, and greater mortality (Hall & Havens, 1999; Newall, Chipperfield, Bailis, & Stewart, 2013).

In a recent study, loneliness was shown to predict greater physician visits and a greater likelihood of re-hospitalization over a period of two and a half years (Newall, MacArthur, & Menec, 2014). Thus, these studies, and many others, clearly place social factors like loneliness and isolation as important health issues.

Over the past couple of years, there has seemingly been a greater acceptance by various sectors (health care, government) of the importance of addressing isolation and loneliness. This is emphasized in the recent National Seniors Council document specifically focused on social isolation (National Seniors Council, 2014). In other words, rather than asking: IS isolation important? The question seems to have shifted to What can we DO about isolation? This question will not be easy to answer. And part of this question, of course, depends on finding those isolated individuals who want or need assistance.

Definitions and complexities of measuring our social world

Defining and measuring aspects of our social world is complex. This complexity is possibly best exemplified with the construct of loneliness: different people in similar situations can be either lonely or content. A basic distinction made between loneliness and social isolation is that loneliness describes the feelings and cognitions surrounding our social situations and relationships (e.g., Peplau & Perlman, 1982). Isolation is defined more objectively around the amount of contact that we have with people (e.g., de Jong Gierveld et al., 2006). The Who's at MY Door project focuses in particular on the extremes of these concepts: the extremely isolated or lonely.

Extreme!

What is meant by extreme here are those individuals in our community who are feeling extreme loneliness and/or who have little to no social contact with family, friends, or neighbours. The extreme isolated and lonely include **those who might be so isolated that no one even knows they are there.**

Individual-level and community-level approaches to isolation and loneliness

There are different ways of approaching isolation and loneliness. Who is responsible for loneliness or isolation anyways? Are individuals responsible for their own isolation or does community also have a role to play? What is interesting is that isolation and loneliness can be examined from both individual-level or community-level perspectives. For example, an individual-level perspective might lead to questions such as: How do personality factors relate to loneliness or isolation? Could one-on-one or group interventions be designed to address social anxiety and also foster social participation and reduce loneliness?

At the same time, social isolation and loneliness (and related concepts like social exclusion), can be viewed from a community-level perspective. For example, the Age-Friendly Community Initiative can be considered a community-level approach to social isolation. A main premise and promise of age friendly communities is that they foster **social participation** of older adults, along with health and security (WHO, 2007). Therefore, an approach like the Age-Friendly perspective can alert us to factors in the social and physical environment that may be barriers for older adults being socially active. Questions from this standpoint include: Are we creating places that isolate? Do our policies and community services impede, ignore, or foster social participation? Can we create age-friendly communities that connect us and care?

Who's at MY door: Finding the isolated

The Who's At MY Door Project takes a community-level approach in asking: What can or should we do as a community about isolation and loneliness? As mentioned above, in informal talks about isolation and loneliness with several community organizations and helping agencies in Winnipeg, a common point discussed was that although community resources exist, a major stumbling block for the helping agencies is *How to find the isolated?* By definition, extremely isolated people are NOT connected, and so they are difficult to find. A recent report out of the United Kingdom (Goodman, Adams, & Swift, 2015) on loneliness and isolation called *Hidden citizens: How can we identify the most lonely older adults?* emphasizes this point—in a real way these citizens are *hidden* and inherently hard to reach.

Doors

If we use the "door" analogy, there are a lot of different doors and people behind those doors. The Who's at MY Door project is about the extremely isolated in our community and how we can reach them and assist them if they want help.

Research questions

The "Who's At My Door" project asks the following questions:

1. Which groups/organizations may be in a unique position to encounter extremely socially isolated/lonely individuals in their own homes as part of their work?

For each organization/group:

2. Do these groups recognize that they are in such a position?
3. Are there current informal or formal protocols/guidelines to **identify** and **assist** socially isolated individuals?
4. Are there challenges or gaps with identifying or assisting isolated adults or related concerns?

A January 2015 meeting brought together key stakeholders from various sectors (research, helping agencies, health care, government, law enforcement) to gain input and perspectives on the above research questions and to further assess how this type of information gathering and sharing could be of interest and value at this time. There was general agreement that addressing the research questions would be of value. Over February to early April 2015, interviews were conducted with representatives from four organizations. This document shares what came out of the four interviews.

Which groups/organizations may be in a unique position to encounter extremely socially isolated/lonely individuals in their own homes as part of their work?

Who IS in a position to encounter the isolated in our community? Two frontline groups can be differentiated for practical purposes:

1. Those frontline who might encounter isolated in their own homes: *Who's at MY Door project*
2. Those frontline who isolated people might access: general practitioners, pharmacists, bankers, etc.

The Who's MY Door Project focuses on the first group. However, it may be just as important to focus on the second group as both groups ultimately may be able to identify and potentially refer individuals to appropriate agencies. Currently, a "Gatekeeper" project is being proposed that would help train frontline workers in this respect.

Going forward, the Who's at MY Door project will involve further interviews and discussions with other pertinent organizations (e.g., Manitoba Housing, Home Care, RCMP). However, as an important starting point, this document summarizes detailed interviews with the following four organizations:

- Winnipeg Housing
- Winnipeg Meals on Wheels
- Winnipeg Fire Paramedic Service (Paramedics)
- Winnipeg Police Service

Not an evaluation

It is important to note that this report is not intended to evaluate these organizations on how they address social isolation. **None of these frontline groups have a direct mandate to address isolation, and therefore should not be evaluated in that capacity.**

A brief description of each organization will be followed by discussions of research questions 2–4.

SECTION 1
ORGANIZATIONS: BRIEF BACKGROUND DESCRIPTIONS

Winnipeg Housing

Winnipeg Housing provides subsidized housing and has single units, family units, and 55+ buildings, including one assisted living facility. About 15 years ago, the Project Glow coordinator position was created in order:

> *"To assist tenants to find necessary supports and resources in their community and to help avoid eviction."*
> *(Winnipeg Housing, www.whrc.ca)*

Project Glow involves one staff member who works in all the buildings and is the go-to person for assisting tenants to find supports they need. In addition, there are two part-time Tenant Resource Coordinators that work in two of the blocks to provide support for tenants. Although Project Glow is designed for tenants of any age, it was noted that the bulk of support is provided to the 55+ buildings.

Project Glow duties include:

- Eviction reduction
- Connecting tenants to resources
- Organizing education activities (workshops, etc.)
- Community-building (BBQs, coffee times, gardens)
- Grant writing for small community-based projects

Photo credit: Arlo Bates | Flickr

Winnipeg Meals on Wheels

Meals on Wheels (MOW) is a not-for-profit organization that delivers hot and/or cold meals. Funded through the Winnipeg Regional Health Authority (WRHA), volunteers deliver meals between 11:00 am–1:00 pm across Winnipeg. Clients are offered

- Hot or cold standard and Kosher meals;
- Frozen meals (in select areas of the city); and
- Therapeutic diets and texture modifications meals

Delivery is available Monday through Friday and on holidays that fall on a weekday, and seven days a week in certain locations; however, additional supports through the office are available only on weekdays.

MOW is fee-for-service and clients can refer themselves or be referred by family, friends or various agencies such as Employment Income and Assistance, Office of the Public Trustee, etc.

The age range of clients is 20–100+, with the bulk of clients aged 65+ years (currently half of the 539 clients are aged 80+).

Winnipeg Police Service

Although most people are familiar with the purpose of police in terms of law enforcement and emergency response, perhaps less familiar is the Winnipeg Police Vulnerable Persons Coordinator within a Specialized Investigations Unit. The Vulnerable Persons Coordinator's role is to provide training to all new members of the police force in relation to interacting with vulnerable persons for the purpose of law enforcement.

> ***"Vulnerable Persons are defined as vulnerable as designated under Manitoba's Vulnerable Persons Living with a Mental Disability Act and vulnerable persons as being at higher risk than others and not fairly able to understand the justice system due to mental, physical, or intellectual factors."***

The Vulnerable Persons Coordinator position was created in 1999 in response to observations from front line police officers in the downtown area that typical law enforcement was not working with select groups of high risk individuals, including the homeless, those with addictions, and those with multiple encounters with police. There was a recognized need for a more social approach to complement law enforcement.

The Unit includes the coordinator, one front line police officer, and one civilian social worker who works within the City of Winnipeg in the Community Services Department. This relationship with the police force and the City of Winnipeg began in 2005 as a pilot project in the Downtown area, but has now expanded City wide. The goal of this Unit and City of Winnipeg partners is to connect the at-risk older adults identified by front line officers in the community with suitable supports which may improve their quality of life and independence from emergency services.

Winnipeg Fire Paramedic Service

The role of paramedics is well known: they answer emergency calls, perform medical services as needed, and transport patients to hospitals. In Winnipeg, a paramedic is assigned to each fire truck to offer emergency medical services. In addition to offering emergency services, paramedics have also begun to do more preventative community work as well, which is broadly called **community paramedicine**. There are various community paramedic initiatives and pilot projects happening across Canada as well as in other countries.

Community paramedicine programs in Winnipeg:

- Main St. Project
- Emergency Paramedics In the Community (EPIC)

Most relevant to the present study is Emergency Paramedics In the Community (EPIC). This project focuses on common callers of the 911 system or high users of emergency services. Paramedics visit these high callers, do medical assessments, and refer them to community resources as appropriate. A main purpose is to provide preventative medical care and reduce unnecessary 911 calls on a proactive rather than reactive basis. EPIC not only targets high 911 callers, but also what they call at-risk individuals in general, including the isolated.

SECTION 2
RECOGNITION OF SOCIAL ISOLATION OR RELATED ISSUES

Winnipeg Housing

Isolation was not recognized as a priority issue per se for Winnipeg Housing, but it was recognized as a contributing factor to other major concerns for the organization, especially around eviction. Project Glow itself can be seen as a direct response to these related concerns including:

- Dementia (declines in cognition)
- Paranoia
- Hoarding
- Other mental health issues

An example was described of a recent flooding in a unit. In this case, the water was running all day from one apartment and caused damage to the apartment below. As for the tenant who left the water on, Project Glow had been trying to re-connect that person with mental health support. The tenant was eventually evicted. It was noted that in terms of isolation,

"[The tenant] had no one to call for help. No support."

Winnipeg Housing was described as being in an interesting position. It is social housing, and so fundamentally needs to keep housing assets maintained and to keep other people in the building safe too. But there is also the social part as well:

"It is a balancing act between our obligations as housing and trying to help the social aspects of tenants."

Another example that came up in the discussion of isolation was a tenant who was crying all the time and very lonely. In this case, Project Glow tried to connect this tenant to A&O: Support Services for Older Adults' friendly visiting program, but it was uncertain whether that worked out or not. The Project Glow coordinator noted:

"Once you refer people to places, the privacy act makes it difficult to know what happened with that person. For example, we pick up the phone and call the police—we have no idea what happens next … We have an invested interest in these people and what happens. Are they going to live here again, for example?"

Winnipeg Meals on Wheels

Given common reasons for needing the service, social isolation was not pinpointed as a major concern for volunteers, but rather understood as a common situation:

"In some cases, we are the only people clients speak to."

"There is also a realization that some people want to be that way."

Although MOW volunteers do not recognize isolation as a concern, other potentially related concerns were identified such as

- Not picking up meals
- Hoarding
- Declining mental health
- Falling

In terms of not picking up meals, clients request to have their meals simply dropped off at their door in some cases. In other cases, if volunteers ring the doorbell and no one answers they will leave the food at the door at the client's request. Concerns arise when meals are adding up outside the door, and this is particularly an issue in the summer time when temperatures impact food safety.

"When you have two days of meals sitting there, we assume something is wrong."

Another related issue is volunteers coming to deliver meals and realizing there are serious issues that require police assistance and/or paramedic service, for example, when a person has passed away or the client is threatening to harm themselves.

"We've needed to call the police, unfortunately, for example, when a client has expired."

Finally, concerns arise around volunteer and client safety when homes are cluttered and potentially unsafe due to hoarding:

"It is not safe for us to leave food in a dirty home. This is a huge concern."

Winnipeg Police Service

Social isolation was recognized as a concern and priority by the Winnipeg Police Service. However, it was noted that there will be some other factor that contributes to police being called in, not just loneliness, mental health or physical problems.

"The isolation component is not something we get the first call for, but we would find that as a contributing factor that leads them to where they find themselves now."

An example given was that very often police contact comes from a third party, a neighbour, for example, because someone has not been seen in a long while. Maybe there is snow on the ground with no footprints and the neighbour knows that an 85-year old person lives there. This is the first contact and it was noted that this is a very common scenario.

"It's got to be that extreme for them to call."

There is a recognition that this is not a typical policing situation. And so the question is posed what else do police have to offer?

"Over the years we have recognized that our role has expanded now. We are trying to grow with that."

Winnipeg Fire Paramedic Service

Paramedics recognize isolation and other risk characteristics as important issues to their work, which was part of the premise of starting the EPIC program. It was noted that paramedics have "eyes inside people's homes" and so have information that is just not available to those health care workers working outside of people's homes, in hospitals, for example.

A common cycle was described in which high 911 callers would get medical help but would then return to the same environment, which was often unsafe or unhealthy. And so the cycle would continue.

"The merging medical problem that might have been addressed did not solve the "root" of the problem…lack of food, elder abuse, isolation. Emergency care dealt with the emergent incident but did not tie into a holistic approach."

"Social isolation may result in frequent use of 911…. So addressing social isolation is a preventative approach for us in terms of illness and future callers."

Along with social issues, paramedics have identified a number of "at-risk" factors such as substance abuse, mental illness, and chronic respiratory illness. Indeed, these three at-risk factors are common themes among top users of emergency medical services. It was noted that although social factors are not the direct reason for a 911 call, they are seen as potential contributing factors for 911 calls that may put people at risk for future poor health outcomes.

SECTION 3
PROTOCOLS/GUIDELINES FOR IDENTIFYING, ASSISTING, TRACKING

Winnipeg Housing

Protocols

Winnipeg Housing has no formal process for identifying or referring isolated adults to resources. An exception is when there are major concerns about an apartment or tenant. By law, Winnipeg Housing is required to send in a 24-hour notice before entering someone's home. If there are concerns beyond that, the police are called.

The figure below shows that tenant concerns are referred to Project Glow informally from a variety of sources. Assistance is provided on a case-by-case basis. The particular challenge of responding to mental health issues was discussed (See section on Challenges) .

Tracking

On the issues of training and tracking it was noted:

"Contractors are not trained to see if someone is isolated."

"I don't currently track isolation, and if I were to do so, I would need criteria."

Protocols/guidelines

NO training

Contractors
Other tenants
Caretakers
Informal checks: flyers
Families

→ Project Glow →

NO tracking

Cases-by-case response

* A&O This Full House
* CONNECT program
* Education workshops, etc.

Common concerns

* Changes in mental health, dementia
* Paranoia
* Hoarding

Winnipeg Meals on Wheels

Protocols

There is no process for identifying or assisting isolated adults. Clients are assisted as they can, case by case. Typically, MOW does not refer clients to other services; other agencies refer clients to them. Sometimes a person's discharge from the hospital is dependent on them being part of the MOW program, for example.

"We are a low cost health provider."

If a situation is urgent MOW calls 911, otherwise the family is called or the clients are called to ask if they want help. It was noted that you cannot force people to get help.

"You can't force help."

Tracking

In terms of tracking, Meals on Wheels does not track isolation or related concerns. For the purposes of their food services, they do keep track of aspects such as the referring agency (if applicable), reason for referral, home care contact, mobility issues (in terms of time to get to the door, being able to open food containers), and emergency contact (if provided).

Protocols/guidelines

NO training → Volunteers → Executive Director → **NO tracking** → Cases-by-case response

- call family
- call client
- call 911
- call social worker (dementia)

Common concerns:

- Food left at door
- Hoarding
- Mental health decline
- Falls

Winnipeg Police Service

Protocols

There are formal guidelines and procedures in place when a front-line officer identifies cases to the Vulnerable Persons Coordinator, as shown in the figure and detailed as follows:

1. Trained front line officers refer cases to the Vulnerable Persons Coordinator. The front line police officers do not make referrals to agencies, rather they refer the case to the Special Investigations Unit.

"It is better to have a centre person as we don't want to make four calls to the same agency for the same person. Having a central hub, there is some merit to that."

2. Vulnerable Persons Coordinator recommends:

No-follow-up	Typically cases involving younger people who are disconnected with mental health. In these cases, the Coordinator notifies the mental health services to re-connect.
Follow-up	Follow-up from the unit typically occurs with older individuals. For example, a person 65+ has lived in home for so long, gotten older, and has started to struggle—first contact is through emergency services.

"We get a large number of referrals. Person is struggling; we can do something to assist."

"For our unit, if we know that it is an older adult and if we think there is social isolation, we follow-up. Ninety percent of the work we do is addressing social isolation."

For follow up

3. The unit makes a "cold call" to the person within five days of the incident. Next, the uniform officer and social worker visit and, when relevant, options are given to people in terms of connections to other services (e.g., This Full House (hoarding); Geriatric Clinician or Geriatric Program Assessment Team (GPAT) (mental health/dementia), Alzheimer's Society and Project Life Saver (wandering due to dementia); home care. In some cases, help is refused.

"We realize that people can choose to be isolated and we have to respect that."

If a person refuses follow-up and makes it clear that they do not want police help, the Vulnerable Persons Coordinator can refer the case to Victim Services that sends out literature, phone numbers, and home care contacts.

"Also, we can work with other agencies. For example, if they don't want a police officer, maybe they will feel more comfortable with a paramedic."

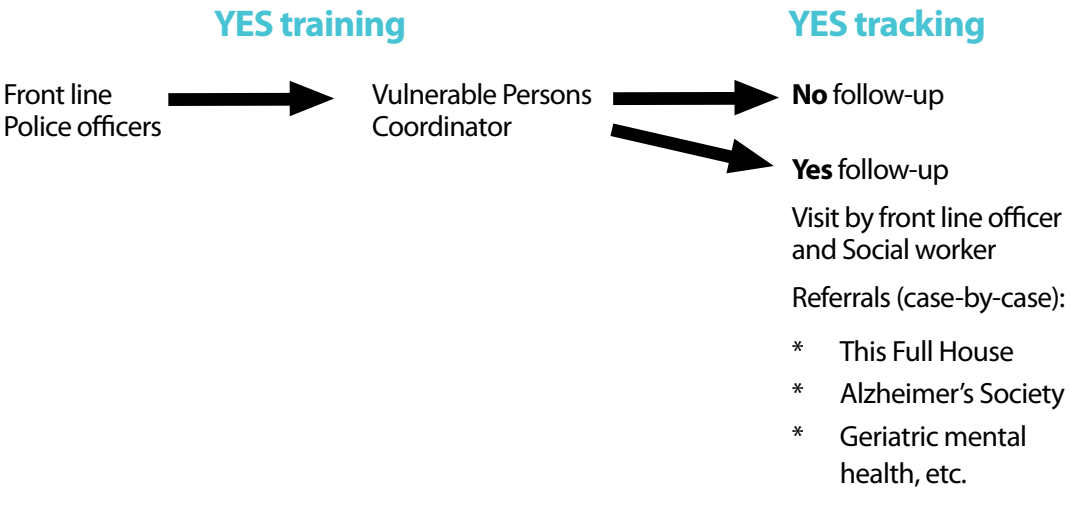
4. "Closing the loop" on referrals is requested. Once a referral is made, police request that the service inform them that the person has been helped and that a connection has been made. It was noted that **privacy laws** make doing this a little difficult, but there is an assumed responsibility for the person.

It was noted that in some cases, repeat calls will still be made. For example, older adults calling emergency services every weekend because they fear being alone, or when people have mental health delusions. After a referral is made, the police can disengage, but based on that referral, if the agency was not able to assist and tells the police, a second effort will be made by the unit to help that individual, for example, with another referral.

Tracking

There is no tracking of social isolation per se, but there is formal tracking of incoming requests and tracking of services people are referred to. All the tracking is filed with the initial contact report. Auditing is done at year end and information can be pulled from reports. This is not an electronic tracking system; it is not automated.

Protocols/guidelines



Winnipeg Fire Paramedic Service

Protocols

Winnipeg Paramedics have developed formal guidelines to identify and assist with concerns (including isolation indicators). They also have an extensive tracking system.

Specifically, paramedics have capitalized on the electronic patient care report (ePCR) currently used during every patient contact. Using this electronic system has allowed paramedics to report patient outcomes and potential hazards, as well as to identify at-risk individuals:

At-risk individuals are those who have, in addition to their current medical needs, other needs that may interfere with their ability to access or receive medical care currently or in the future.—At-Risk Intervention Guide, p. 1

The process is as follows:

1. 911 call; emergency
2. Identification
   * If paramedics see a risk, they report this through the ePCR
   * This reporting highlights and identifies the person as being "at-risk" and is assisted accordingly.
3. Referral to EPIC
   * The EPIC Program oversees all at-risk referrals. The completed ePCR is sent as a referral to the EPIC team and they make the determination on who to send information to and how to follow up.
4. Follow-up
   a. If person is transported to hospital, in the case of at-risk patients, paramedics contact the hospital social worker through emergency social services. That patient will now have a social work consult before discharge.
   b. If NOT transported to hospital, but person has home care, paramedics contact home care coordinator.
   c. If NOT transported to hospital, and person has NO home care, paramedics (EPIC team) do a follow-up home assessment, which can lead to referrals and further assistance for that patient, depending on case-by-case circumstances.
4. EPIC Team home assessment and referral
   * For any of these scenarios above, if patients continue to call 911 (i.e., become high 911 callers), the EPIC team will get involved and do home assessment visits and referrals.

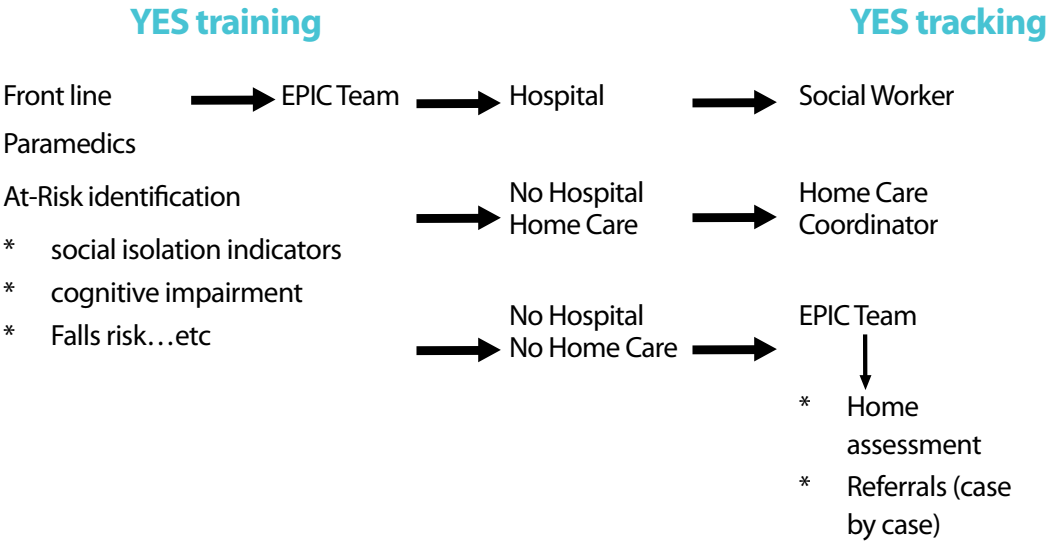
Of note, EPIC team paramedics work in conjunction with physicians who are contacted and involved after each home assessment. The EPIC team works on a case-by-case basis; develops a care plan for the individual based on the home assessment; works with Home Care (if appropriate); and does a variety of referrals. For example, the EPIC team provides a personalized resource guide for patients, with personalized help being the key.

"Nature of the work is case by case."

Tracking

There is extensive electronic tracking, especially around high 911 callers. There is also a unique built-in check here. Once patients are helped, if they become high 911 callers again, they are brought back into the system.

Protocols/guidelines



SECTION 4
CHALLENGES

Winnipeg Housing

Privacy laws

A challenge stated was that the privacy act has made sharing information difficult. The idea of a common consent form built into the lease agreement was discussed especially because sometimes people cannot see their own problem (e.g., in cases of worsening dementia):

"Sometimes the tenants don't realize there is a problem until it is too late. And by not allowing people to help them, there is then a risk of being evicted."

Reaching older adults NOT in 55+ housing

Another challenge noted was how to reach those older adults who may not be currently living in the 55+ buildings. In other words, these may be people who have "aged in place" in other buildings. It was pointed out that compared to the other buildings, connecting with older adults in the 55+ buildings was easier. Moreover, tenants tended to look out for each other in these buildings. The following question was posed:

It is easier to see those in a 55+ building. Are [those older adults not living in 55+ buildings] wanting help, and would they benefit from moving into a building where they are connecting and finding resources in the community?"

Mental Health

Mental health issues were pointed out as a major challenge. Fundamentally, it was noted that Winnipeg Housing may simply not be in a position to give people the help they need. There was a general sense that something may only be done when there is a major crisis. In the meantime, behaviours may be upsetting other tenants—so this becomes a housing issue. In many cases, police need to be called in. But this crisis reaction may not solve the problem for the tenant, as noted:

"[People] fall through the cracks."

Mental health was discussed as a complicated issue for everyone involved: families, mental health workers, housing personnel, etc. Several complexities in terms of helping people were discussed including:

- roadblocks for getting help (e.g., people may need a diagnosis to get help, but they don't have a doctor to give one);
- not having the right support system to take medications;
- not having money to buy medications;
- not agreeing to get help;
- not getting help when they are actually ready and willing due to wait lists and delays;
- not getting the right referral;
- needing trust in relationships.

On this last point it was noted:

"Someone needs to bridge the gap until that person trusts the resource. In that case, my job is only over when they decide to trust that person enough or are willing to go through with the referral. Relationships are so important."

Winnipeg Meals on Wheels

Keeping volunteers

A stated challenge was the difficulty to retain volunteers; partially because they need to pay for gas and car maintenance (volunteers do get a small subsidy per route). It was noted that many volunteers are older adults themselves. For example, four current long-term volunteers have been delivering food for over 20 years.

"It is the volunteers that make the program work."

Privacy laws

It was noted that **privacy laws** are great to protect people, but they can also be a hindrance. It means that sometimes "hands are tied" even though people might want help.

"…but if a person is in a desperate situation, they probably would like people to help."

Emergency preparedness

Emergency preparedness was discussed as a challenge and priority area for Winnipeg MOW. The question that is being asked by the organization is: How can MOW best offer the essential service they provide in the case of emergency? MOW is currently working on this issue, for example, trying to come up with a definition of their most vulnerable clients. It was noted that in Minneapolis they have a program for their harsh winters where they prepare emergency food boxes at the beginning of the season.

Winnipeg Police Service

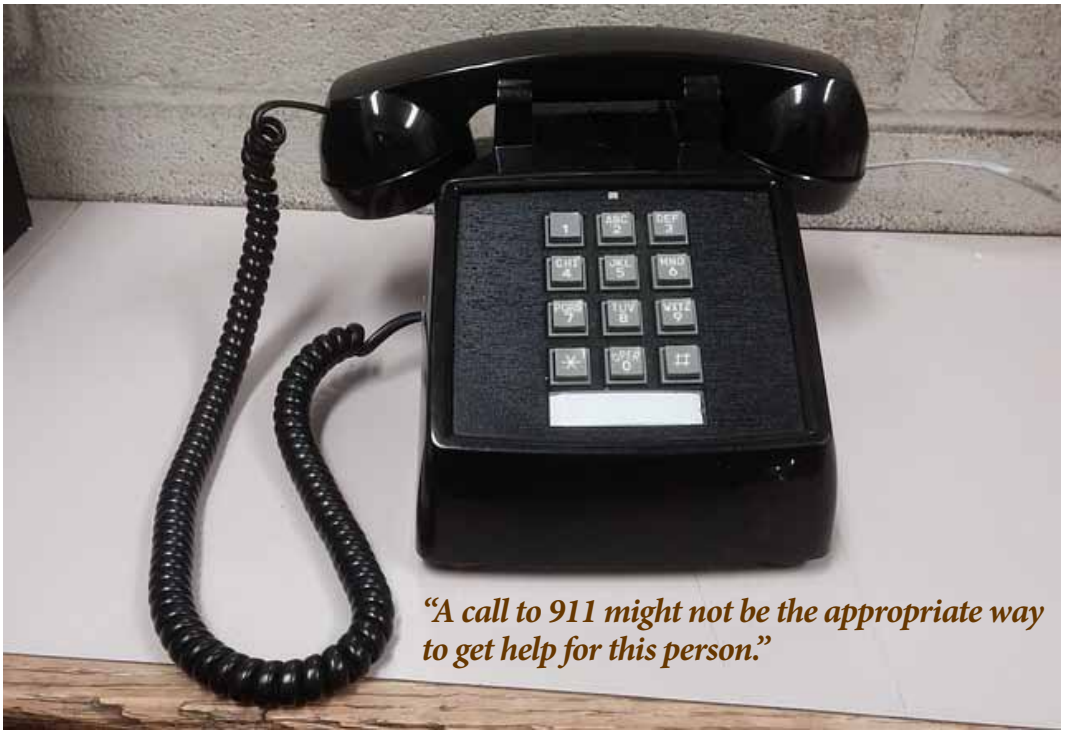
Expectations

It was noted that one gap or challenge is managing front line police officers' expectations of what agencies can do with respect to providing someone with immediate assistance. For example, when a police officer gets called back to the same place four times in a row, there might be an expectation that this should not be happening, that they should not be getting called back, and that the issue should be more quickly resolved:

"…the reality is that the resources or agency might not be able to address the situation that fast, or at all."

Too many calls

Meeting the needs of the number of calls was described as a challenge. At the same time, there was the recognition that front line officers do an excellent job at identifying cases that they refer to the Vulnerable Persons Coordinator, reflecting the training they are receiving on this vulnerable population. Continuing with this idea of too many calls, another general challenge noted is that the police might not be the right ones to help the individual:



"A call to 911 might not be the appropriate way to get help for this person."

"Dealing with these types of calls are not part of our primary training as police officers. We are not in a service of dealing with someone who is hoarding or has dementia, or anxiety attacks. Our frustration comes from not having the right tools to respond or to give that type of service."

611 line and mental health

The possibility was raised of perhaps a different telephone number besides emergency services that would be appropriate in certain cases, like 611. The idea here would be for someone to call to get a "social" response.

"The police are highly accessed for mental health problems. We haven't tracked numbers, but we are trying to get a better understanding of this, this year, as other jurisdictions are doing this as well. Social isolation could play a part into whether a person would make a call. Being alone, they might be more prone to call emergency services as compared to if they had support."

Finally, it was noted that what helps is the very good relationships the police have with other agencies like the WRHA. This allows them to access services for the older population and there is success with these services.

Winnipeg Fire Paramedic Service

Mental health

The biggest gap noted was mental health, as mental health cases are "coming back" to paramedics. In other words, clients are referred to mental health but they seem to be coming back as frequent callers to 911. The EPIC program has links with the Crisis Response Centre, but it was noted that this is more for acute mental health problems, not long-term ones. For more long-term problems, individuals are referred to Community Mental Health. An example might be a patient who may be medically OK, and who is first cleared of medical issues, but who may be highly anxious. Sometimes it is impossible to link them to the Crisis Response Centre and sometimes it is difficult to connect to a mental health worker. Meanwhile, the individual is suffering at home.

Working in silos

Another challenge stated was that organizations and agencies are generally working separately and not communicating with one another or are unaware of what each other is doing.

"We are all working in silos."

Privacy laws

Related to this disconnect between organizations, it was noted that the privacy laws make it difficult for organizations to help one individual or patient collectively. Privacy laws can prevent organizations from obtaining information they need to help their patients. The possibility of a blanket consent provided by patients themselves was discussed so that people who consent to receiving help, could have coordinated support from multiple agencies.

DISCUSSION: COMMON THEMES AND NEXT STEPS

The final section of this document discusses some of the common themes that came from the discussions with the four organizations and concludes with next steps.

Common themes

Partnerships

It is clear from the discussions that valuable partnerships and connections have developed within Winnipeg that have implications for helping those who are vulnerable and isolated. A strong example is the partnership between the Winnipeg Police Service and the City of Winnipeg (Social Worker), which began as a pilot program in 2005. Other valuable partnerships and connections were identified, particularly within the health care sector and involve the Winnipeg Regional Health Authority (being connected to EPIC, Meals on Wheels, and Tenant Resource Coordinators). In addition, all four organizations indicated an awareness of programs such as "This Full House" focusing on hoarding offered through A&O: Support Services for Older Adults.

Social response

In addition, an important discovery from these interviews was that, although none of these organizations have a mandate to focus on social isolation per se, with the exception perhaps of Meals on Wheels, which differs in being *itself* a service provider to adults, all of these organizations have developed "social responses" to complement housing (Project GLOW; Tenant Resource Coordinators), to complement law enforcement (Vulnerable Persons Coordinator and Unit), and to complement medical services (EPIC program). To a great extent, therefore, each of these organizations, though very different in their mandates, are responding to the social needs of the populations they work with—and in innovative ways.

With that said, there were several common themes surrounding *challenges* in addressing isolation or related concerns which are highlighted next.

Respect for being alone

A point of complexity was the idea that some people may simply want to be isolated or relatedly, they might simply NOT want to accept help and that this should be respected. In the context of these four organizations, this issue is particularly challenging if— by not wanting or accepting help—a person's continued behaviours or actions put them at risk of potential consequences in terms of receiving food delivery (Meals on Wheels), getting evicted (housing) or receiving emergency response (police/paramedics).

This issue perhaps comes back to the discussion presented at the introduction in terms of how we define isolation and how isolation relates to other social concepts such as solitude or loneliness. In this way, loneliness can cut across "objective"

amounts of social contact and gets at whether that person is happy or not with their social situation. Therefore, someone may be isolated but not be lonely. These distinctions are important; however, perhaps at the risk of offending some people who might choose or prefer to isolate themselves, the important point is that people **get** that **choice** to refuse or accept help in the first place.

Privacy and silos

The issue of privacy laws was discussed throughout, and how the need to maintain an individual's privacy can in many ways make it so organizations cannot talk to one another ('working in silos') or collectively work together to help someone who might need more than one service. The idea of a blanket consent given by the individual was discussed. The issue here seems to be balancing privacy on the one hand, and providing people with care from multiple sources on the other.

A related issue involves the complexities of encountering individuals who may not know that they require support or help, for example, in the cases of declining cognitive capacity. Organizations expressed concern about what to do in these cases. Losing one's cognitive capacity while being isolated and without support from family or friends is a double jeopardy that certainly no one would wish to face.

Emergency Preparedness

It is also worth highlighting the issue of emergency preparedness mentioned by

Meals on Wheels, which is in the process of working through what it would do in case of an emergency such as flooding or a blizzard. Would staff be available to access those individuals who are most vulnerable and who may potentially rely on Meals on Wheels for all their food requirements? Should systems be in place in which emergency food supplies are made ready at the beginning of each season in the case they are needed? Emergencies are by nature unpredictable, but in some ways we can predict who the most vulnerable may be.

Mental Health

Mental health was a main challenge that organizations brought up. In some cases the specific concern was related to declines in cognition such as what might happen with community members with dementia (as discussed previously). Others spoke about problem behaviours relating to paranoia. The linkage between mental health and isolation is uncertain: Does isolation cause mental health problems? Do mental health problems lead to isolation? No doubt it is a bit of both, and reciprocal. Another line of interest is: Where does age fit? For a given individual, has there been lifelong isolation or mental health issues? Or have mental health difficulties commenced only in later adulthood?

The organizations highlighted, in particular, some disconnect that seems to be happening in their experiences between people potentially *needing* and *receiving* mental health support. Thus, it is uncertain if people are falling through the cracks because of no timely resources or whether the right resources even exist at all. Next steps will most certainly involve exploring this issue more, as discussed in the next section.

Next steps

Report and stakeholders

The dissemination of this report to interested stakeholders represents a first next step. It is hoped this document will be a starting point for continued dialogue on ways to reach and assist isolated older adults.

More engagement with those "At the Door"

Next steps are to talk to other organizations "At the Door." This set of four interviews represents a starting point for further discussions with those other organizations.

In addition, future steps include not only interviewing new organizations and obtaining new information, but engaging with these four organizations to further determine potential solutions for common challenges or areas of interest. In other words, bringing these four groups as well as other stakeholders to the same table is of value to discuss common goals (e.g., common consent form).

Other frontline groups

As mentioned previously, this project complements a focus on other possible frontline groups or "gatekeepers": general practitioners, pharmacists, etc. A "Gatekeeper" project is being proposed that would help train front line workers in terms of identifying and referring individuals to appropriate resources.

Identification, capacity building, prevention efforts

This report will also be shared with helping agencies and community organizations in Winnipeg serving older adults. It will be of value to see where they think they fit into this picture. Indeed this project very much began with talking to these organizations around the difficulties of identifying isolated older adults. Are they getting referrals from these organizations? Would they like to?

Related to this discussion is the importance of coupling identification and outreach with capacity building: We need to make sure we have the right resources and the capacity to assist people. In other words, there is no sense in developing best practices to reach and identify isolated adults when there is no capacity to assist those who want and need assistance in our community.

In addition, in the big picture, next steps involve prevention. Ideally, as a community, we want to prevent people from becoming extremely isolated in the first place. To do this, we will need to learn more about what factors or barriers lead people to become disconnected.

Continued dialogue

Finally, next steps are to continue this dialogue so that organizations know what others are doing and can share and ultimately learn from one another along the way.

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